

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037801
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No. **1003**

Registrar's No.

9846

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED OCT 10 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 4481 Vista Ave.	
3. NAME OF DECEASED (Type or print) First MARY Middle MARGARET Last McCOMISH		4. DATE OF DEATH Month Oct. Day 1 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1902
9. AGE (last birthday) 60		10. IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		12. KIND OF BUSINESS OR INDUSTRY At Home	
13. BIRTHPLACE (City and state or country) St. Louis, Mo.		14. CITIZEN OF WHAT COUNTRY U.S.A.	
15. FATHER'S NAME Peter Merker		16. MOTHER'S MAIDEN NAME Susie Hogan	
17. NAME OF HUSBAND OR WIFE Late Robert F. McComish		18. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction due to atherosclerotic coronary thrombosis DUE TO (b) Cardiac insufficiency DUE TO (c) Atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 weeks 4 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:05 a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		
21. I attended the deceased from March 11, 1959 to Oct. 1, 1963 and last saw her alive on Aug. 21, 1963 Death occurred at 12:05 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) John T. Lawton, M.D.	
23a. ADDRESS 634 N. Grand Blvd.		22c. DATE SIGNED Oct. 3, 1963	
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial	23c. DATE Oct. 4, 1963	23d. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23e. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. OCT 3 1963	
26. REGISTRAR'S SIGNATURE Lois Smith, M.D.			

Dr. John T. Lawton Je. 3-3076
737 Mo. Theatre Bldg. 9-12 Thu.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ernest W. Spillars

Licensed Embalmer No.

4080

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.